No. 2
1-10-39
-17-39
X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

NOV 15 1940

35139

State File No.

Registration District No. 218 Primary Registration District No. 3015 Registrar's No. 110

1. PLACE OF DEATH:

(a) County Cooper

(b) City or town Boonville, (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Alex Van Ravensway, Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Cooper

(c) City or town Boonville, (If outside city or town limits write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME William Edward Welch,

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed,

6. (b) Name of husband or wife Sally Welch,

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 5- 15th 1865 (Month) (Day) (Year)

8. AGE: Years 75 Months 4 Days 25 If less than one day hr. min.

9. Birthplace Missouri, (City, town, or county) 0 (State or foreign country)

10. Usual occupation Farmer, 0

11. Industry or business 0

FATHER
12. Name Samuel welch.
13. Birthplace Missouri, (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Louise Ayers,
15. Birthplace Missouri, (City, town, or county) (State or foreign country)

16. (a) Informant Mrs- Charles Welch,

(b) Address Fayette, Mo.

17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 10- 12th 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Boonesborro, Mo.

18. (a) Signature of funeral director Guy T. Halley.

(b) Address Fayette, Mo.

19. (a) 10-11-40 (Date received local registrar) (b) D. E. Hooper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 10th year 1940 hour 9 minute 90A M.

21. I hereby certify that I attended the deceased from June 26, 1940, to Oct. 10, 1940 that I last saw him alive on Oct 8, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Obstruction of Intestines	3 mon
Due to Chronic Colitis	2 years
Due to	
Other conditions none (Include pregnancy within 3 months of death)	

Major findings: Of operations Obstruction Intestine

Of autopsy no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) none

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? — (e) Means of injury —

23. Signature T. C. Richards (M. D. or other)

Address Fayette Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11-6-40

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Guy C Harvey

Licensed Embalmer No. 2961

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.